

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Now or Never PAC

ADDRESS (number and street)

7509 NW Tiffany Springs Pkwy

Suite 300

☐ Check if different than previously reported. (ACC)

Kansas City

MO

64153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00513432

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
07 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James C Thomas III

Signature of Treasurer

James C Thomas III

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 19 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Now or Never PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		280430.33
(b) Cash on Hand at Beginning of Reporting Period.....	60434.72	
(c) Total Receipts (from Line 19)	250000.00	375000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	310434.72	655430.33
7. Total Disbursements (from Line 31)	250564.63	595560.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	59870.09	59870.09
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Now or Never PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
07	/	31	/	2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

250000.00

375000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

250000.00

375000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

250000.00

375000.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

250000.00

375000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

250000.00

375000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16617.89	41418.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16617.89	41418.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	233946.74	529141.49
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	25000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	25000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	250564.63	595560.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250564.63	595560.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	250000.00	375000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	25000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	250000.00	350000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	16617.89	41418.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	16617.89	41418.75

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Now or Never PAC

Full Name (Last, First, Middle Initial)

A. American Warrior Inc

Mailing Address 3118 Cummings Rd

City

Garden City

State

KS

Zip Code

67846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2014

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

125000.00

Full Name (Last, First, Middle Initial)

B. Palmer/American Holdings Inc

Mailing Address 2814 West Jones

City

Garden City

State

KS

Zip Code

67846

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2014

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period

125000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

250000.00

TOTAL This Period (last page this line number only)..... ►

250000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Now or Never PAC

Full Name (Last, First, Middle Initial)

A. Candidate Command, LLCMailing Address 1420 NW Vivion Rd
Suite 113

City Kansas City State MO Zip Code 64118

Purpose of Disbursement
Polling

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4611

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Commerce Bank

Mailing Address 1000 Walnut

City Kansas City State MO Zip Code 64106

Purpose of Disbursement
Outgoing wire transfer fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4609

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Commerce Bank

Mailing Address 1000 Walnut

City Kansas City State MO Zip Code 64106

Purpose of Disbursement
Extra wire transfer fee for incorrect wire

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : SB21B.4610

Amount of Each Disbursement this Period

82.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2612.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Now or Never PAC

Full Name (Last, First, Middle Initial)

A. Kinetic 5

Mailing Address 1442 S Glenstone

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement
Web hosting

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SB21B.4603

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Law office of James Thomas IIIMailing Address 4131 N. Mulberry Drive
Suite 200

City	State	Zip Code
Kansas City	MO	64116

Purpose of Disbursement
Legal and reporting fees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		08		2014

Transaction ID : SB21B.4604

Amount of Each Disbursement this Period

2561.39

Full Name (Last, First, Middle Initial)

C. Wilson Perkins Allen

Mailing Address 1319 Classen Drive

City	State	Zip Code
Oklahoma City	OK	73103

Purpose of Disbursement
Polling

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2014

Transaction ID : SB21B.4615

Amount of Each Disbursement this Period

11320.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13931.39

16543.39

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Now or Never PAC		FEC IDENTIFICATION NUMBER ▼ C C00513432	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Candidate Command, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1420 NW Vivion Rd Suite 113		Amount 33505.00	
City Kansas City	State MO	Zip Code 64118	Transaction ID : SE.4564
Purpose of Expenditure Mailer	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 21 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Candidate Command, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 1420 NW Vivion Rd Suite 113		Amount 33505.00	
City Kansas City	State MO	Zip Code 64118	Transaction ID : SE.4569
Purpose of Expenditure Mailer	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 28 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	67010.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James C Thomas III

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 10 OF 13
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Now or Never PAC		FEC IDENTIFICATION NUMBER ▼ C C00513432	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Candidate Command, LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 1420 NW Vivion Rd Suite 113		Amount 33505.00	
City Kansas City	State MO	Zip Code 64118	Transaction ID : SE.4576
Purpose of Expenditure Take That Mailer	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Garden City Telegram		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address 310 N 7th St		Amount 1431.90	
City Garden City	State KS	Zip Code 67846	Transaction ID : SE.4579
Purpose of Expenditure Newspaper ad	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		34936.90	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>James C Thomas III</i>		Date M M M / D D D / Y Y Y Y Y Y 08 / 19 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Now or Never PAC			FEC IDENTIFICATION NUMBER ▼ C C00513432		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee Hays Daily News			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 507 Main St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1870.00</div>		
City Hays		State KS	Zip Code 67601		Transaction ID : SE.4581
Purpose of Expenditure Newspaper ad		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 29 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">223816.90</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Smart Media Group LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>		
Mailing Address 814 King Street Suite 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75000.00</div>		
City Alexandria		State VA	Zip Code 22314		Transaction ID : SE.4560
Purpose of Expenditure Media production and placement		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 07 / 18 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75000.00</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">76870.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>James C Thomas III</u>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> 08 / 19 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 13
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Now or Never PAC		FEC IDENTIFICATION NUMBER ▼ C C00513432
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Smart Media Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 814 King Street Suite 400		Amount 45000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media Production and Placemnt	Category/ Type 004	Transaction ID : SE.4573 Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014
Name of Federal Candidate TIMOTHY A HUELSKAMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 187010.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Smart Media Group LLC		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address 814 King Street Suite 400		Amount 7000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Production and placement of radio ad	Category/ Type 004	Transaction ID : SE.4586 Date of Disbursement or Obligation MM / DD / YYYY 07 / 30 / 2014
Name of Federal Candidate TIMOTHY A HUELSKAMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 233946.74		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	52000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

James C Thomas III

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2014

Signature

Full Name of Payee Wichita Eagle		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 825 E Douglas		Amount 3129.84	
City Wichita	State KS	Zip Code 67202	Transaction ID : SE.4585
Purpose of Expenditure Newspaper ad	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 29 / 2014	
Name of Federal Candidate TIMOTHY A HUELSKAMP	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 01 State: KS
Calendar Year-To-Date Per Election for Office Sought	226946.74	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	3129.84
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	233946.74

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

08 / 19 / 2014